

DATA ITEM DESCRIPTIONForm Approved
OMB No. 0704-0188

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1. TITLE CONTRACTOR'S QUALITY CONTROL PROGRAM	2. IDENTIFICATION NUMBER 0001
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3. DESCRIPTION/PURPOSE The contractor must provide a quality control program that includes an inspection system for services listed in the required services chart (RSC), specifying the areas to be inspected, when and by whom. It must also identify questionable services before performance becomes unsatisfactory. It must describe the method used in recording the quality control inspection results and disposition of these inspection records.

4. APPROVAL DATE (YYYYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE
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7. APPLICATION/INTERRELATIONSHIP The quality control program indicates procedures are available to provide quality performance to the Government. Schedules I, II and III.
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8. APPROVAL LIMITATION	9a. APPLICABLE FORMS	9b. AMSC NUMBER
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10. PREPARATION INSTRUCTIONS Basic version outlining a general approach must be available at the preaward survey conference. Updated version must be submitted by the contract start date. The quality control plan must contain, as a minimum: 1. Areas to be inspected 2. Inspection schedule 3. Names and titles of individuals performing inspections
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11. DISTRIBUTION STATEMENT Contracting Officer

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1. TITLE

WEIGHT TICKETS

2. IDENTIFICATION NUMBER

0002

3. DESCRIPTION/PURPOSE

Weight tickets, properly certified, IAW, State, Commonwealth, or District Regulations are required to support billings for payment.

4. APPROVAL DATE
(YYYYMMDD)

5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)

6a. DTIC APPLICABLE

6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

Verification of weight of shipments. Weight tickets are not required on inbound shipments unless a reweigh is ordered.

Schedules I, II and III.

8. APPROVAL LIMITATION

9a. APPLICABLE FORMS

9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

Weight tickets must be certified and prepared in duplicate and must contain the following:

1. Name and address of the weighing station
2. Date of weighing
3. Contractor's name
4. Van or trailer number
5. Name of property member/employee
6. Signature of weighmaster
7. Order number

11. DISTRIBUTION STATEMENT

TO

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1. TITLE		2. IDENTIFICATION NUMBER		
HOUSEHOLD GOODS DESCRIPTIVE INVENTORY		0003		
3. DESCRIPTION/PURPOSE				
To provide an accurate, legible inventory of shipment contents. Identify quantities, cartons, conditions of articles and other information concerning the items shipped. (Part IV, Attachment G1, Figure G-1)				
4. APPROVAL DATE (YYYYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION/INTERRELATIONSHIP				
Listing of articles shipped.				
Schedules I and III.				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS		9b. AMSC NUMBER
10. PREPARATION INSTRUCTIONS				
11. DISTRIBUTION STATEMENT				
<p>Schedule I: TO – Original; Member/Employee – 1 Copy; Contractor – 1 Copy Shipment: 1 Copy attached to Number One container; 1 Copy placed inside Number One container Schedule III: TO – Original; Member/Employee – 1 Copy; Contractor – 1 Copy</p>				

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1. TITLE

2. IDENTIFICATION NUMBER

EXCEPTION SHEET

0004

3. DESCRIPTION/PURPOSE

To record the difference in the condition of items being removed from nontemporary storage.

4. APPROVAL DATE
(YYYYMMDD)

5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)

6a. DTIC APPLICABLE

6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

Schedules I and II.

8. APPROVAL LIMITATION

9a. APPLICABLE FORMS

9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

Prepare only when different conditions are noted from the nontemporary storage inventory. When contractor's representative and storage contractor's representative differ, enter both opinions, separately identifying source. Both parties must sign and date the exception sheet. The exception sheets are maintained in the contractor's files. A copy will be furnished to the claims office, upon request.

11. DISTRIBUTION STATEMENT

As Required

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1. TITLE

Report of Government Owned Containers

2. IDENTIFICATION NUMBER

0005

3. DESCRIPTION/PURPOSE

Report how many Government-owned containers are available at the contractor's facility.

4. APPROVAL DATE
(YYYYMMDD)

5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)

6a. DTIC APPLICABLE

6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

To determine accountability and location of Government-owned containers.

Schedules I and II.

8. APPROVAL LIMITATION

9a. APPLICABLE FORMS

9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

Report is submitted to the TO fifteen days after the contract start date and the first workday of each month thereafter. The report will reflect the following information but not limited to:

1. Number received during reporting period with member's name for each container.
2. Number of containers disposed of during the period of report (showing specific disposition).
3. Total number of containers on hand as of the end of the reporting period to include:
 - a. Number of serviceable containers, by type
 - b. Number of unserviceable containers, by type

NOTE: Initial report of containers received from previous contractor need not show member's name.

For Air Force installations AF Form 384, Government-Owned Container Control Record, should be used.
The TO will furnish the form for the contractor's use.

11. DISTRIBUTION STATEMENT

TO

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1. TITLE

JOINT STATEMENT OF LOSS AND DAMAGE AT DELIVERY

2. IDENTIFICATION NUMBER

0006

3. DESCRIPTION/PURPOSE

To record loss and/or damage at the time of delivery to the member. (Part IV, Attachment G1, Figure G-8)

4. APPROVAL DATE
(YYYYMMDD)

5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)

6a. DTIC APPLICABLE

6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

Used as proof of delivery and as supporting documentation for a claim.

Schedules II and III.

8. APPROVAL LIMITATION

9a. APPLICABLE FORMS

9b. AMS C NUMBER

10. PREPARATION INSTRUCTIONS

Schedule I and III:

A DD Form 1840 will be prepared to indicate the loss and/or damage revealed during unloading/unpacking. The contractor and member/employee must jointly sign the form upon completion. If available, the member/employee's copy of the inventory prepared at origin or the copy from the number one container must be used to check count and condition.

11. DISTRIBUTION STATEMENT

Property Member/Employee – 3 Copies
Ordering Officer – 1 Copy
Contractor – 1 Copy

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1. TITLE CLAIMS CORRESPONDENCE		2. IDENTIFICATION NUMBER 0007		
3. DESCRIPTION/PURPOSE A copy of any correspondence concerning a claim, that is received by the contractor from anyone other than the local TO.				
4. APPROVAL DATE (YYYYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION/INTERRELATIONSHIP Informs the PPSO of a pending claim. Schedules I, II and III.				
8. APPROVAL LIMITATION	9a. APPLICABLE FORMS		9b. AMSC NUMBER	
10. PREPARATION INSTRUCTIONS At the time a claim is received by the contractor, the contractor records the date of receipt on the claim and furnishes a copy of all correspondence regarding the claim to the PPSO within ten workdays.				
11. DISTRIBUTION STATEMENT TO				

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1. TITLE

BILL OF LADING

2. IDENTIFICATION NUMBER

0008

3. DESCRIPTION/PURPOSE

A document issued by the Government to procure transportation and related shipment services.

4. APPROVAL DATE
(YYYYMMDD)

5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)

6a. DTIC APPLICABLE

6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

Used for linehaul freight movement of personal property.

Schedule I.

8. APPROVAL LIMITATION

9a. APPLICABLE FORMS

9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

The following information will be typed by the contractor in the blocks as indicated below:

1. Block 26 – Enter the number and kind of containers, such as 1 F/L or 2 CTNS.
2. Block 2 – Enter the aggregate weight and cube of the total number of each different type of container shown in Block 26.
3. Block 28 – Enter the total gross weight of the shipment and when available, total tare and net weight.

11. DISTRIBUTION STATEMENT

Contractor surrenders the original and copies 2, 3, and 4 to the carrier. Contractor returns copies 5, 6, and 7, signed by the carrier, to the TO. The contractor maintains copy 8. In instances where computer generated documents are used, enough copies must be made to ensure the right number of copies will be submitted.

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1. TITLE

CONTRACTOR'S WEEKLY REPORT

2. IDENTIFICATION NUMBER

0009

3. DESCRIPTION/PURPOSE

Report advises the TO of outbound shipments on hand which were picked up prior to the previous Wednesday.

4. APPROVAL DATE
(YYYYMMDD)

5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)

6a. DTIC APPLICABLE

6b. GIDEP APPLICABLE

7. APPLICATION/INTERRELATIONSHIP

Report is prepared each Monday or next working day if Monday is a holiday.

Negative reports are required.

Schedule I

8. APPROVAL LIMITATION

9a. APPLICABLE FORMS

9b. AMSC NUMBER

10. PREPARATION INSTRUCTIONS

Report must contain:

1. Member's name, rank/grade and SSN
2. Number of days on hand
3. Order number

11. DISTRIBUTION STATEMENT

Original to TO

Copy maintained by contractor

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1. TITLE REPORT OF SHIPMENTS ON HAND		2. IDENTIFICATION NUMBER 0010		
3. DESCRIPTION/PURPOSE Report advises the TO of outbound shipments on hand which were picked up prior to the previous Wednesday.				
4. APPROVAL DATE (YYYYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION/INTERRELATIONSHIP Report is prepared each Monday or next working day if Monday is a holiday. Negative reports are required. Schedule II				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS		9b. AMSC NUMBER
10. PREPARATION INSTRUCTIONS Report must contain: 1. Member's name, rank/grade and SSN 2. Date of receipt 3. Pieces, weight and cube 4. Order number				
11. DISTRIBUTION STATEMENT One copy forwarded to TO One copy maintained by contractor				

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1. TITLE		2. IDENTIFICATION NUMBER		
OUTSIZED AIR CARGO REPORT		0011		
3. DESCRIPTION/PURPOSE				
Provides the PPSO the dimensions of outsize air cargo containers for shipments entering the military airlift system.				
4. APPROVAL DATE (YYYYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION/INTERRELATIONSHIP				
Report is prepared on an as required basis.				
Schedule I				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS		9b. AMSC NUMBER
10. PREPARATION INSTRUCTIONS				
Prepared only on shipments entering the military airlift system that have any containers with an outside measurement greater than 72 inches in any dimension.				
11. DISTRIBUTION STATEMENT				
One copy forwarded to PPSO				
One copy maintained by contractor				

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1. TITLE		2. IDENTIFICATION NUMBER		
MONTHLY SDS METRICS REPORT		0012		
3. DESCRIPTION/PURPOSE				
Provides the PPSO a monthly metrics measuring the Service Delivery Summary (SDS) Performance Threshold. These statistics will be used in the monthly evaluation of the contractor and also as a part of the annual performance report.				
4. APPROVAL DATE (YYYYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION/INTERRELATIONSHIP				
Report is prepared on a monthly basis.				
Schedule I, II, and III.				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS		9b. AMSC NUMBER
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